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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Colombia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5 million, of which $3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Colombia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Department of Planning

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Colombia

Demographic facts

Population (000)	
Total	32,300
Males	16,028
Females	16,271
Sex ratio (/100 females)	98.5
Urban	22,604
Rural	9,696
Per cent urban	70.0
Population in year 2000 (000)	37,822
Functional age groups (%)	
Young child: 0-4	11.9
Child: 5-14	23.4
Youth: 15-24	20.8
Elderly: 60+	6.2
65+	4.2
Percentage of women aged 15-49	53.2
Median age (years)	22.2
Dependency ratios: total	65.3
(/100) Aged 0-14	58.3
Aged 65+	7.0
Agricultural population density (/hectare of arable land)	2.3
Population density (/sq. km.)	28

Average annual change (000)	
Population increase	560
Births	808
Deaths	205
Net migration	-47
Annual population total (% growth)	1.66
Urban	2.17
Rural	-0.25
Crude birth rate (/1000)	24.0
Crude death rate (/1000)	6.0
Net migration rate (/1000)	-1.4
Total fertility rate (/woman)	2.67
Contraceptive prevalence rate (% 15-44)	65
Gross reproduction rate (/woman)	2.67
Net reproduction rate (/1000)	1.23
Infant mortality rate (/1000)	37
Maternal mortality rate (/100,000)	110
Life expectancy at birth (years)	
Males	66.4
Females	72.3
Both sexes	69.3
GNP per capita (U.S. dollars, 1991)	1,260

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8).

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5 million, of which $3 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Colombia in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme of assistance has been developed based on the findings and recommendations of a Programme Review and Strategy Development (PRSD) exercise, which included a mission to Colombia to consult with government officials and others in May 1992.

3. The long-range objectives of the proposed programme would be to contribute to the Government's efforts to reduce adolescent pregnancies; reduce maternal mortality by improving the health conditions and status of women; and increase the contraceptive prevalence rate to 70 per cent by the year 2000 to cover the unmet needs for contraception that are reflected in the high incidence of induced abortions and the resulting high maternal mortality rate. The immediate objectives of the proposed programme would be to: (a) develop a formal and explicit national population policy and a comprehensive national population programme; (b) increase the use of effective family planning methods and reduce the unmet needs for family planning services; (c) increase the understanding of responsible sexual behaviour, responsible parenthood and family planning; and (d) strengthen institutional capacity to implement population activities, especially in the context of decentralization. In accordance with the Government's policy of decentralization, UNFPA's assistance would be concentrated in certain regions and municipalities to be selected jointly by the Government and UNFPA.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. During the last 25 years, Colombia has undergone extensive demographic changes. Mortality rates started to decline substantially in the early 1960s, followed by a drop in fertility rates starting in 1965. The crude mortality rate declined from 11.5 per 1,000 in 1960 to 5.9 per 1,000 in 1992. The total fertility rate (TFR) has declined from about 6.8 children per woman around 1960 to 2.9 for the period 1987-1990, which is one of the lowest levels in Latin America. As a consequence, the annual rate of population growth has declined from 3 per cent in the early 1960s to 1.7 per cent at present. Even so, owing to the built-in momentum of population growth, it will take another 25 years at least before the annual growth rate declines below 1 per cent, and Colombia is expected to add more than 15 million people to its current population by the year 2015. The decline in fertility is mainly the result of the increased use of contraceptives. The overall contraceptive prevalence rate is estimated at 40 per cent. For women in union, who account for 53 per cent of women of reproductive age, the contraceptive prevalence rate is 65 per cent.

6. Despite its many successes, Colombia still faces serious demographic problems. Maternal mortality is high at 200 maternal deaths per 100,000 live births, as estimated by the Pan-American Health Organization (PAHO). (The government estimate is 107 per 100,000.) The rate of abortion is also high, and abortion is one of the leading causes of maternal mortality, accounting for some 25 to 30 per cent of maternal deaths. Adolescent pregnancy is still high and often results in abortion. Men infrequently practice contraception and seldom use condoms (condoms constitute less than 3 per cent of total contraceptive use). The limited use of condoms, along with a general lack of awareness, may be contributing to what appears to be a gradual trend towards the heterosexual transmission of AIDS, although homosexual and bisexual transmission of the disease is still dominant. The magnitude of these problems vary widely from region to region and among different socio-economic groups.

7. The country's dependency ratio declined from 106 per 100 in 1964 to 75 per 100 in 1985. The age group over 60 is now slightly over 4 per cent of the total population, but it is expected to more than double by the year 2025. Although in the past Colombia has been a country of net emigration, out-migration has substantially declined in recent years. The population of Colombia is now predominantly urban. The urban population is concentrated in several cities of 100,000 and more, rather than in one large city. The growth rate for the urban population is declining, and the largest cities of the country are now growing at a lower rate than the intermediate cities.

8. Economic and social conditions. Since the 1960s, Colombia's economic growth rates have been near the average of the world's developing countries. One of the important achievements of Colombia's economic development is that income distribution has become more egalitarian, and the proportion of the poor in the population as a whole has declined. Female labour force participation rates have increased, especially in the larger cities. Illiteracy has declined drastically, and the pace of expansion of education has been among the highest in the world. The enrolment rate in primary school is 84 per cent and that in secondary school is 46 per cent. There are no longer gender differences in literacy levels or in primary and secondary school enrolment rates. Interestingly, the enrolment rate of women in higher education is greater than that of men. One third of the population has no access to the public primary care health system.

9. Population and development. The most recent development plan puts primary emphasis on opening the economy to market forces and liberalizing international trade policies while targeting social action towards those groups requiring special attention. It further stresses decentralizing decision-making to intermediate and municipal levels and increasing community participation in the development process. Population is given a low profile in the national development plan and is absent from existing regional planning documents. There is no national population policy.

10. Colombia is considered a success case in the implementation of family planning activities. The key institutional structure for coordinating population activities, developing a national population policy and programme, and integrating population factors into development planning is the Population Division of the National Department of Planning. The Asociacion Pro-Benestar de la Familia Colombiana (PROFAMILIA -- the International Planned Parenthood Federation (IPPF) affiliate) and the Ministry of Health are responsible for providing family planning and reproductive health services. PROFAMILIA, the main provider of family planning services through its 48 clinics nationwide, has played a key role in achieving the current level of contraceptive use. PROFAMILIA received the United Nations Population Award in 1989.

11. Under the present development strategy, with its emphasis on decentralization, municipalities will be directly responsible for developing and implementing their own population activities as part of their development plans. They will also be responsible for providing such services as education, primary health care

and basic sanitation. The success of population activities will, therefore, depend to a large extent on how well municipal mayors mobilize resources and enlist the collaboration of their citizens.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. Total UNFPA assistance to Colombia since 1972 amounts to about $16.7 million, the bulk of which has been expended in the MCH/FP sector. Until 1988, UNFPA support was provided on an ad hoc basis addressing specific areas of need and tending to be independently implemented. The first comprehensive population programme was approved by the Governing Council in 1988 in the amount of $4.8 million for a four-year period starting in January 1988. This programme was later extended through 1992. To date, about $4.4 million has been either spent or allocated.

13. UNFPA's support to Colombia has had its greatest overall impact in the area of reproductive health and family planning by helping to provide integrated IEC and MCH/FP services to priority population groups such as deprived women and adolescents. It also contributed to some extent in promoting community participation, incorporating population factors into development planning, integrating population education into primary and secondary school curricula, and enhancing collaboration between the public and private sectors in carrying out population activities. UNFPA support to NGOs helped promote awareness about responsible sexual behaviour, gender issues, responsible parenthood and various family planning methods. Such support, although smaller in scale, has often had a more positive impact on certain target populations than work done through government agencies.

Maternal and child health and family planning

14. UNFPA support to MCH/FP activities was extended primarily through the Ministry of Health, with the technical assistance of PAHO. Such support was instrumental in providing family planning and reproductive health services to marginal groups in the country's six largest cities. It also helped to promote the use of new contraceptive methods such as the Norplant subdermal contraceptive implants, heighten the Government's awareness of the need to give special attention to the reproductive health of adolescents and develop a management information system (MIS) for MCH/FP services. UNFPA extended assistance to PROFAMILIA to strengthen and expand the surgical family planning services it provides and to the Presidential Programme for Youth, Women and the Family for activities to help reduce the incidence of adolescent pregnancy (mainly in the Pacific and Atlantic regions where adolescent pregnancy rates are the highest). The Fund also supported PROFAMILIA in undertaking the 1990 Demographic and Health Survey, which provided useful information for the planning and implementation of population activities.

15. Several factors impeded the implementation of UNFPA-supported MCH/FP activities, however. These included, among others, the somewhat limited technical advisory services provided by PAHO, the high turnover in personnel at the Ministry of Health, and frequent delays caused by the administrative procedures of the Ministry. All this was compounded by the fact that family planning had not been well integrated into the Ministry of Health's reproductive health and MCH programmes, nor was there any coordination between these programmes and the STD/AIDS programme. Moreover, in spite of initiatives to improve inter-institutional coordination and collaboration between the main parties involved in providing adolescent health care, contraceptive use among adolescents remains low, the teen-age abortion rate is high, and young people in certain social groups are largely unreached by family planning activities.

Information, education and communication

16. UNFPA has supported the Ministry of Education in integrating population education into primary and secondary school education and in promoting non-formal educational and cultural activities for youth and adult-literacy programmes in rural and urban areas. UNFPA assistance has helped to design and produce training materials and to train teachers and pilot centre staff in various parts of the country. A draft curriculum has been developed following the transfer of responsibility for the implementation of project activities from the Ministry's Office of Adult Education to the more prominent Office of Training, Curriculum and Educational Materials and Media.

17. A main obstacle to the implementation of population education activities has been the difficulties in forming a full-time technical team. This is mainly the result of frequent changes of personnel within the Ministry of Education and of the lack of importance given to population education by the Ministry. As a consequence, those who have received population education training abroad have often been transferred to other programmes, and population education has not yet been incorporated into school curricula. To expedite the process of providing population education to students, efforts are now concentrated in the formal sector, and the PRSD mission recommended that UNFPA focus its support away from the central authority to the regional and municipal levels.

18. Population communication has not as yet played a significant role in Colombia's population activities. So far, the efforts have been simplistic and unstructured. Since the Ministry of Education has concentrated on trying to reorient school curricula, population information and communication have been neglected. The Ministry of Communication has not been active in the population field even though its Directorate of Social Communication could play a very useful role.

Population and development

19. UNFPA has supported the National Department of Planning (DNP) in order to strengthen its institutional capacity to incorporate population components into development planning at all levels. The requisite socio-economic database and operational tools are being developed, and training has been provided. Operational research studies are to be carried out, and their results will be used for the development of a population programme.

Special programmes

20. UNFPA supported the Colombian Institute for Family Welfare (ICBF) in an innovative programme to improve the living conditions of women and their families in the marginal areas of four large cities. UNFPA assistance contributed to the design of operational approaches focusing on families and in support of local communities in improving their decision-making process in solving social problems. One result has been that in four community centers headed by women, family planning and sex education have now been institutionalized.

Other external assistance

21. Other than UNFPA, there have been few multilateral donors for population-specific activities in Colombia. The World Bank has provided assistance for expanding coverage of the health system, mainly in rural areas, in 19 regions. Both UNDP and UNICEF have provided assistance to the National Council for Youth, Women and the Family.

22. The majority of population assistance has come from bilateral sources, particularly the United States Agency for International Development (USAID) and Japan. USAID has provided about $4 million a year, of which about $3.5 million has been channelled through IPPF to support the MCH/FP activities of PROFAMILIA. The Japanese International Cooperation Agency (JICA) supported the Ministry of Health in implementing a MCH/FP project in the amount of about $4 million in Antioquia and Urabá regions over the period 1985-1990. This assistance was used to provide technical advisory services, training, equipment and contraceptives and to promote community participation through the construction of community centres. JICA intends to extend its assistance to expand the geographical coverage of such services and supplies, if the security situation improves. The Government of Germany has supported a primary health care project, including the provision of contraceptives, in three marginal urban areas. Canada has provided assistance for several small projects in the area of population IEC. Among NGOS, the Association of Voluntary Surgical Contraception provides about $500,000 a year to promote awareness of vasectomy and to provide training in voluntary surgical contraception and Norplant insertion.

23. External assistance in the population sector has been decreasing gradually, and this trend is expected to continue. USAID plans to phase out its assistance within three to four years. It is, therefore, very important that Colombia strive to become self-reliant in the implementation of population activities, especially family planning, in a relatively short period.

IV. PROPOSED PROGRAMME 1993-1996

24. Colombia does not have a comprehensive population policy nor a national population programme. The proposed programme is based on strategies developed along with the Government during the PRSD exercise in May 1992. The long-range and immediate objectives of the proposed programme are outlined in paragraph 3 above. The proposed programme strategies follow those specified in the National Social Development Plan: (a) assist the Government in setting up population goals as a basis for developing a population policy and a coherent national population programme; (b) target specific regions and municipalities and social groups such as adolescents, non-family planning users and men; (c) strengthen the capacity of regional and local governments to formulate, implement, coordinate, and evaluate population activities; and (d) promote community participation in design, implementation and evaluation of population activities and population policy and programme development.

25. It is anticipated that by reinforcing the ability of all levels of government to carry out population programmes it will be possible to: (a) strengthen the provision of quality family planning services, with an emphasis on promoting national self-reliance; (b) increase the choice, availability and use of family planning methods with special attention to the needs of adolescents; and (c) reinforce population IEC, including targeting priority populations and sensitizing policy makers.

26. Other population strategies include: (a) increasing the availability, understanding and utilization of population data; (b) promoting women's participation in all population and development activities and mainstreaming women's concerns into population and development planning, policies and programmes; (c) integrating environmental concerns into population policies and programmes; (d) enhancing programme management to improve technical backstopping, programme monitoring, evaluation and coordination at national and regional levels; and (e) enhancing collaboration and coordination among the public and private sectors and donors.

27. In accordance with the Government's policy of decentralization, and as recommended by the PRSD mission, UNFPA assistance in all sectors would be concentrated in certain regions and municipalities. These

would be jointly selected by the Government and UNFPA based on priority needs as reflected in adolescent pregnancy rates, maternal mortality rates, and levels of poverty. Thus, the proposed programme seeks to produce maximum impact on target populations with multisectoral approaches in the selected regions. Limited assistance to the central Government would also be provided but mainly as a support to development efforts in the selected regions and municipalities. It will be necessary to take into account the capacity of regional governments and municipalities to implement activities, the availability of institutional infrastructure and qualified human resources, and a demonstrated willingness to take action and to collaborate with other entities. Emphasis would be placed on improving the capacity of public institutions at the decentralized level to make management and administration more efficient and to strengthen technical and operational capacities. In so doing, UNFPA would support NGOs and the private sector in providing technical advisory services to the public sector.

Maternal and child health and family planning

28. The goals of UNFPA activities in the area of MCH/FP are to reduce the level of maternal mortality, the number of adolescent pregnancies, and the unmet needs for family planning services. To achieve these goals it will be necessary to adopt an integrated approach to increase use of family planning methods, improve the quality of family planning and reproductive health services, and increase understanding of responsible sexual behaviour, responsible parenthood and family planning. Integrated approaches would be used to reach these goals, that is, provision of quality reproductive health and family planning services and IEC. If successful, these efforts would create demand among non-users as well as help to meet present needs.

29. UNFPA would contract with experienced NGOs and the Ministry of Communication to provide technical advisory services on family planning and reproductive health services to the decentralized public health system. Within the selected municipalities and regions, UNFPA assistance would be targeted mainly to the 34 per cent of women of reproductive age who do not use family planning methods and to men. Within these two groups, priority would be given to: (a) the 15 per cent of women who are in marital or consensual unions who want no more children or who want to space their next pregnancy but are not currently using contraception; and (b) adolescents at risk of unwanted pregnancies.

30. UNFPA would provide assistance to support local government efforts to strengthen local health units, to widen the availability of contraceptive options, and to strengthen national self-reliance in providing contraceptives. The proposed programme would also support, as far as possible, local governments in developing a management information logistics system, training health workers in family planning services and counselling techniques, integrating family planning counselling and services into existing prenatal and post-partum care, and providing any contraceptives currently not being produced locally.

31. At the national level, UNFPA would study contraceptive requirements and cost-recovery systems and help establish an efficient referral system within the public health system. Collaboration would be sought with the private sector and bilateral agencies, such as USAID, in conducting these studies and in implementing cost-recovery schemes.

32. Special efforts would be made to reduce maternal mortality caused by abortion. The proposed programme would support the efforts of local governments in integrating family planning counselling and services into post-abortion care and in improving those services by creating awareness among health workers about the need to provide quality treatment for those suffering from complications of abortions. If resources permit, UNFPA would provide assistance to carry out regional epidemiological research studies on maternal

mortality and abortion and to monitor maternal mortality and abortion through establishing surveillance committees at all levels.

33. The proposed programme would continue to support the Presidential Programme for Youth, Women and the Family (PPJMF), which aims at reducing adolescent pregnancies. Depending on the results of these ongoing efforts, this assistance could be expanded to new areas of the country. Efforts would be made to ensure that the areas to be included, as far as possible, coincide with those selected for other types of support.

34. One of the emphases of the proposed programme would be to foster responsible sexual behaviour among males and to promote family planning services for men through IEC activities and the provision of male contraceptives such as condoms and vasectomy. Another important focus would be on preventing HIV infections by promoting the use of condoms, coordinating activities between the MCH/FP programme and the AIDS/STD programme, and integrating information about AIDS into all IEC and service delivery programmes.

35. UNFPA would provide a total amount of $2.6 million in the area of MCH/FP, of which $1.1 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

36. Communication. Special efforts would be made in the proposed programme to further increase awareness of population matters and to increase demand for family planning by expanding the coverage of population communication, by improving its message and presentation and by targeting special audiences. UNFPA assistance would be mainly concentrated in the selected regions and municipalities. Collaboration with UNICEF, which is providing assistance to the Directorate of Social Communication of the Ministry of Communication, would be sought in carrying out these IEC activities.

37. The proposed programme would support the efforts of local governments to increase awareness of family planning, gender issues, AIDS, responsible sexual behaviour, responsible parenthood and reproductive health among the priority target populations, that is, family planning non-users, adolescents at risk of unwanted pregnancies and men. It would also seek to increase awareness of the linkages between population and development and the environment among local decision makers and community leaders. UNFPA assistance would also be provided at the central level to support the Directorate of Social Communication within the Ministry of Communication in carrying out its own population communication activities and in coordinating the population communication efforts of others. Attention would be given to developing innovative and persuasive IEC approaches for different audiences.

38. The proposed programme would also support the Ministry of Communication and experienced NGOs in providing technical advisory services for communication activities carried out in UNFPA-funded projects and in developing a national population communication programme.

39. Formal population education. The proposed programme would continue to support the Ministry of Education's renewed efforts to incorporate population education into primary and secondary school curricula. To ensure that education materials developed for the incorporation of population education into primary and secondary school curricula reach teachers and students, the decentralized strategy would be used in order to move those materials into the classroom. UNFPA assistance would continue to be provided for production of population education teaching and learning materials for primary and secondary education and for pre-service and in-service teacher training and for training teachers. Other activities the proposed programme may support include evaluating ongoing efforts in order to accelerate their implementation, and sensitizing decision

makers of the Ministry of Eduction about the importance of population education. The proposed programme would support, as far as possible, incorporation of population education into programmes being supported by other United Nations agencies and donors. Collaboration with the World Bank would be explored for the incorporation of population education into primary and secondary school education.

40. UNFPA would provide a total amount of $1 million for IEC activities, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection, population policy formulation and dynamics

41. UNFPA would support the Government's efforts to develop and adopt a formal, explicit population policy fully integrated into the social and economic development policies of the country and its territorial subdivisions. The development of a comprehensive national population programme would also be supported. The emphasis would be placed on: (a) mobilizing political, human and financial resources to establish and implement population policies; (b) ensuring that these policies and programmes are an integral part of social policies and programmes and receive regular financial allocations; and (c) ensuring that the public and private sectors are involved in the development and implementation stages of the policy and programme.

42. The proposed programme would support the integration of population components into the planning of social and economic sectoral activities and the financial decision-making process at both central and intermediate levels. In order to develop the human resources needed to make decentralization work, UNFPA assistance would be provided for training in demography and population and development through fellowships, seminars and workshops. The proposed programme could, if resources permit, provide assistance in identifying the municipalities with the greatest demographic needs.

43. The proposed programme would provide limited assistance to carry out the 1993 population census in view of the importance of producing reliable data for the development of socio-economic and population activities at both the central and decentralized levels and given that the quality of data produced by the 1985 census is considered poor and unreliable. UNFPA assistance would be provided for data analysis, the dissemination of census results through seminars and publications, and training in disaggregating data by gender.

44. If resources permit, UNFPA assistance would be considered to carry out surveys on specific demographic characteristics, especially on such topics as fertility at the regional level, contraceptive prevalence rates and abortion. The proposed programme would provide limited support for undertaking studies in such areas as the environment, the role of women in development, aging, and international migration and in disseminating their results.

45. UNFPA would provide a total amount of $1 million for activities in the areas of data collection, population policy formulation and dynamics, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

46. Women's concerns would be incorporated in all UNFPA-supported activities. UNFPA assistance proposed in this sector would aim to facilitate the incorporation of gender issues into all population activities under the proposed programme as well as other activities related to population and development. The proposed UNFPA programme would seek to sensitize UNFPA project personnel, project counterparts and

decision makers at all levels on gender issues and to promote the participation of women in population and development activities. UNFPA assistance would also be provided to support the implementation of the National Policy for Women, which encourages the participation of women's associations and community organizations in population activities. In carrying out activities in this sector, the programme would seek to take into account the findings of the interregional project on Women, Population and the Environment, when and as appropriate.

47. UNFPA would provide a total amount of $250,000 in the area of women, population and development, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

48. An amount of $150,000 would be set aside from UNFPA regular resources as a reserve to cover any unanticipated needs that may arise during the course of the programme.

Programme coordination

49. The implementation of programme activities would be coordinated by the Population Division and the Technical Cooperation Division of the National Department of Planning (DNP). A committee of UNFPA project directors would be established in order to strengthen the coordination and collaboration mechanism among UNFPA-funded projects to share experiences and project outputs. The Technical Cooperation Division of DNP would coordinate international population assistance. UNFPA would also support the Government's efforts to maintain close contact with other donors. Close coordination would be maintained with all United Nations agencies, especially among the members of the Joint Consultative Group on Policy (JCGP).

Programme monitoring, evaluation and management

50. The proposed programme would be managed by the UNFPA field office in coordination with the National Department of Planning on behalf of the Government. All activities of the proposed programme would have built-in monitoring and evaluation mechanisms, and independent evaluations would be a part of all larger and innovative projects. The programme would be closely monitored by a Country Director, stationed in Ecuador, and UNFPA field office staff, together with the Government. A mid-term programme review is anticipated at the end of 1994 or in the beginning of 1995. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Santiago, Chile.

Financial summary

51. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5 million over the four-year period 1993-1996, of which $3 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,500,000	1,100,000	2,600,000
Information, education and communication	600,000	400,000	1,000,000
Data collection, population policy formulation and dynamics	600,000	400,000	1,000,000
Women, population and development	150,000	100,000	250,000
Programme reserve	150,000	--	150,000
TOTAL	3,000,000	2,000,000	5,000,000

V. RECOMMENDATION

52. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Colombia in the amount of $5 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3 million from UNFPA's regular resources over the period 1993-1996;

(c) Further authorize the Executive Director to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Colombia and with the executing agencies.